

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 14	Infection Control		
Section: 2	TB		
Topic: 1	TB Exposure, Prevention and Control - Employees		
Page: 1 of 7	Supersedes Date: Pol: 6-18-98 (05-02-001) Proc: 9-24-15, 10-18-11, 9-21-10, 9-15-0911-20-08, 8-29-07, 11-6-06, 2-1-06, 1-20-04, 5-17-01, 7-28-98 - (05-01-05, 05-01-05a, 05-01-05b, 05-01-05c, 05-01-05d, 05-01-05e, 05-01-05g, 05-01-05h, 05-01-05i)	Approval Date: Pol: 2-19-04 Proc: 11-17-2021	<hr style="border: 0; border-top: 1px solid black;"/> <i>Board Chairperson Signature</i> <hr style="border: 0; border-top: 1px solid black;"/> <i>Chief Executive Officer Signature</i>
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Policy

Bay-Arenac Behavioral Health Authority (BABHA) is committed to high standards of employee safety practices, to include the prevention and control of TB, utilizing standards recommended or required by the Occupational Safety and Health Administration (OSHA) and the Michigan Department of Health and Human Services (MDHHS).

Purpose

This policy and procedure is established to ensure that appropriate standards and practices are maintained regarding the prevention and control of Tuberculosis, hereafter referred to as TB.

Education applies to

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Residential Providers
 - Policy Only Policy and Procedure
- Other:

Background

TB is a bacterial infection spread primarily by airborne droplets. Persons with close contact to a person with active undiagnosed or untreated TB are at a high risk of acquiring the infection.

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 14	Infection Control		
Section: 2	TB		
Topic: 1	TB Exposure, Prevention and Control - Employees		
Page: 2 of 7	Supersedes Date: Pol: 6-18-98 (05-02-001) Proc: 9-24-15, 10-18-11, 9-21-10, 9-15-0911-20-08, 8-29-07, 11-6-06, 2-1-06, 1-20-04, 5-17-01, 7-28-98 - (05-01-05, 05-01-05a, 05-01-05b, 05-01-05c, 05-01-05d, 05-01-05e, 05-01-05g, 05-01-05h, 05-01-05i)	Approval Date: Pol: 2-19-04 Proc: 11-17-2021	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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Definitions

Induration: The raised hardened area at the site of the intradermal injection of the Tuberculin Skin Test (TST) that has developed after 48 to 72 hours. Only the area of induration is measured.

LHCP: Licensed Health Care Professional.

Mycobacterium Tuberculosis (M. Tuberculosis): The infectious bacterium that causes tuberculosis carried by airborne droplets.

Negative Mantoux Skin Test (insignificant): Induration not developed, or less than 15 millimeters (mm) at the site of the intra-cutaneous injection of one-tenth cc of TST (5TU) within 48 -72 hours except as defined in A and B below. The diameter of induration, if present, is recorded in millimeters (mm). Erythema (redness) without induration is considered of no significance.

Newly Infected Person (converter): The following are the general classifications of significant reactions:

- A. A reaction ≥ 5 mm is classified as positive in the following groups:
 1. Persons with HIV infection or persons with risk factors for HIV infection who have an unknown HIV infection or who have an unknown HIV status.
 2. Persons who have had close recent contact with infectious tuberculosis cases; and
 3. People who have had chest x-rays consistent with old, healed tuberculosis.

- B. A reaction ≥ 10 mm is classified as positive in persons who do not meet the above criteria but who have other risk factors for tuberculosis:
 1. Foreign born persons from high prevalence countries in Asia, Africa and Latin America.
 2. Intravenous drug users;
 3. Medically underserved low-income populations;
 4. Residents of long-term care facilities, to include correctional institutions, nursing homes, mental institutions, etc.;

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POLICIES AND PROCEDURES MANUAL**

Chapter: 14	Infection Control		
Section: 2	TB		
Topic: 1	TB Exposure, Prevention and Control - Employees		
Page: 3 of 7	Supersedes Date: Pol: 6-18-98 (05-02-001) Proc: 9-24-15, 10-18-11, 9-21-10, 9-15-0911-20-08, 8-29-07, 11-6-06, 2-1-06, 1-20-04, 5-17-01, 7-28-98 - (05-01-05, 05-01-05a, 05-01-05b, 05-01-05c, 05-01-05d, 05-01-05e, 05-01-05g, 05-01-05h, 05-01-05i)	Approval Date: Pol: 2-19-04 Proc: 11-17-2021	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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5. Persons with medical conditions reported to increase the risk of tuberculosis (e.g., silicosis, gastrectomy, Jejunioileal bypass, being 10% or more below ideal body weight, chronic renal failure, diabetes mellitus, immuno-suppressive therapy, malignancies, etc.);
6. Employees in facilities where a person would pose a hazard to large numbers of susceptible persons; and
7. Persons residing or working with consumers in a geographic region with a high prevalence of TB cases, as identified by the MDHHS.

C. A reaction ≥ 15 mm is classified as positive in all other persons.

Tuberculin skin test (TST): A test to determine tuberculosis infection.

Tubercular Disease: Clinical bacteriologic confirmation, such as a culture and sensitivity, and/or microscopic examination. Presumptive Tubercular Disease will be a positive TST with the presence of symptoms such as chronic cough, night sweats, and blood tinged sputum, weight loss and low-grade fever.

Tubercular Infection: significant reaction to the TST in the absence of clinical, bacteriologic or radiographic evidence of disease.

Procedure

Initial Employee Screening

1. At the time of employment, all employees of BABHA and Contracted Residential Sites, including those employees with a history of Bacillus of Calmette and Guerin (BCG) vaccination will receive a TST, unless a previously positive reaction can be documented, or completion of adequate preventative therapy or adequate therapy for active disease can be documented.

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 14	Infection Control		
Section: 2	TB		
Topic: 1	TB Exposure, Prevention and Control - Employees		
Page: 4 of 7	Supersedes Date: Pol: 6-18-98 (05-02-001) Proc: 9-24-15, 10-18-11, 9-21-10, 9-15-09 11-20-08, 8-29-07, 11-6-06, 2-1-06, 1-20-04, 5-17-01, 7-28-98 - (05-01-05, 05-01-05a, 05-01-05b, 05-01-05c, 05-01-05d, 05-01-05e, 05-01-05g, 05-01-05h, 05-01-05i)	Approval Date: Pol: 2-19-04 Proc: 11-17-2021	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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2. Employees with a significant reaction will be referred to a physician or the health department for a baseline chest x-ray and/or other diagnostic testing and possible treatment, as deemed necessary.

Repeat Employee Screening

1. All employees with a documented significant TST reaction (positive result) or significant reaction to the TST testing will receive an annual appraisal for signs and symptoms of active tubercular disease by a LHCP (see related form).
2. Category A employees, with previous insignificant skin test reactions, will be retested every 3 years.
3. Category B employees, with no history of a positive skin test, will not be retested unless exposed.

Post-Exposure Screening

1. Those employees exposed to a suspected or confirmed case of active tubercular disease will be referred to the Occupational Health physician and/or the local health department for an evaluation and treatment, as deemed necessary.

Training

1. All employees will receive initial and annual training regarding Tuberculosis to include the following:
 - A. Cause of Tuberculosis (etiology);
 - B. Mode of transmission;
 - C. Signs and symptoms of active Tubercular Disease;
 - D. Diagnosis, treatment and prevention of Tubercular Disease; and
 - E. Review of Tuberculosis Exposure, Prevention and Control Plan, to include:
 1. Prevention;
 2. Universal precautions;

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Chapter: 14	Infection Control		
Section: 2	TB		
Topic: 1	TB Exposure, Prevention and Control - Employees		
Page: 5 of 7	Supersedes Date: Pol: 6-18-98 (05-02-001) Proc: 9-24-15, 10-18-11, 9-21-10, 9-15-0911-20-08, 8-29-07, 11-6-06, 2-1-06, 1-20-04, 5-17-01, 7-28-98 - (05-01-05, 05-01-05a, 05-01-05b, 05-01-05c, 05-01-05d, 05-01-05e, 05-01-05g, 05-01-05h, 05-01-05i)	Approval Date: Pol: 2-19-04 Proc: 11-17-2021	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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3. Personal protective equipment; and
4. Frequency of PPD testing.

Data Collection and Reporting

1. All cases of tubercular disease among employees should be reported to the Nursing Team Leader who will then report to the Nursing Supervisor and Medical Director.
2. All cases of past and/or recent conversions should be reported to the Nursing Team Leader for surveillance and preventative functions.
3. A risk assessment will be conducted on an annual basis.

Attachments

N/A

Related Forms

Employee Questionnaire for Previous Positive TST

Related Materials

Occupational TB Screening <https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/diseasesandimmunization/tb/professional/recommendations-and-resources/occupational/occupational-tb-screening>

References/Legal Authority:

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POLICIES AND PROCEDURES MANUAL**

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Section: 2	TB		
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Essential Components of a Tuberculosis Prevention and Control Program- Recommendations of the Advisory Council for the Elimination of Tuberculosis

<https://www.cdc.gov/mmwr/pdf/rr/rr4411.pdf>

MMWR. Vol. 44, Pg. 1-16. 9/8/1995.

Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994 and 2005 (to include the TB risk assessment work sheet)

MMWR. Vol 43, Pg. 1-132

Responsibility for the Interpretation of the PPD Tuberculin Skin Test.

American Journal of Infection Control. Vol. 57, Pg. 56-58. 1999. APIC

Excerpts from Michigan Occupational Health Program Directive, No. 96-9

Michigan Department of Licensing and Regulatory Affairs (LARA)

MMWR. Vol. 54, 12/30/2005

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
M. Bartlett	MMPRC	11/20/2008	No Changes	
M. Bartlett	MMPRC	09/15/2009	No Changes	
M. Bartlett	MMPRC	09/21/2010	No Changes	
M. Bartlett	MMPRC	10/18/2011	No Changes	
M. Bartlett	MMPRC	10/17/2012	No Changes	
S. Van Paris	HPC	09/24/2015	Revision	Triennial Review – Reflects title changes – minimal procedure change
S. Van Paris	J. Kreiner	10/23/18	No changes	Triennial review
S. Van Paris	HCP	11/17/21	revision	Triennial review- minor change to add web links for resources- no policy change Removed information for second testing of TST on page 3 under employee screening
S. Van Paris	HCP	8/20/25	Revision	Minor change to update reference.

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